

FMS Indirect Service/Vendor Contract Review Summary Report

Form Content Updated 9/12/2007

Division of Services for People with Disabilities

Reviewer(s): Abee

Review Date:

% Sample (x/xx)

N=x, C=x, S=x, ST=x

Provider Name:

Provider ID:

Contract # A00

From: 7/01/2006

To: 6/30/2010

Review Location(s):

Allowed Codes: CH1,CO1,TF1,HS1,PA1,RP1,RP6,RP7,RP8,SL1,DTP,FP1

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

Fiscal Monitoring Plan

Component	Compliance? (Yes / No / N/A)			Comments
Provider Qualifications				
Provider qualifications (license, experience, conflicts, etc.)	Yes XX	No	N/A	Major _____ Significant _____ Minor _____

Performance Measures

Does the Provider meet the deliverables required in the contract?	Yes XX	No	N/A	Major _____ Significant _____ Minor _____	Reference Page 2 & 3
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Fiscal Monitoring

Billings from (client) providers are itemized in same categories as contracted budget?	Yes XX	No	N/A	Major _____ Significant _____	
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Yes XX	No	N/A	Major _____ Significant _____ Minor _____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Yes	No	N/A XX	Major _____ Significant _____ Minor _____	

Federal Assurances and Standard Terms

Annual self-certification signed? (Only required for multi-year contracts)	Yes	No	N/A	Major _____ Significant _____ Minor _____	
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Yes XX	No	N/A	Major _____ Significant _____ Minor _____	
BCI, I-9, Conflict of Interest, Code(s) of Conduct, Indemnity Insurance; Emergency & Business Continuity Plan?					

Additional Requirements/Major Deliverables

	Yes	No	N/A	Major _____ Significant _____ Minor _____	
			XX		

Provider is Fiscal Agent to **SAS families** who process budget-controlled billable services through **provider name**. Agent has provided copies of all required client, worker, timesheet, paycheck documentation per **sample of** **cross-regional files** = **%** of payments. Additionally we have reviewed certain special areas of audit interest. DSPD Region staff have completed Support Coordinator SAS review tool on same sampled individuals.

Clair Abee / /2009

Contract Monitor Signature / Date

Clair Abee

Contract Monitor Name (Please Print)

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General Requirements & Performance Measures & Client Outcomes

Component	Compliance? (Yes / No / N/A)					
Part II General Requirments	Yes	No	N/A		Comments	
Contractor's Qualifications: p3 D-Staff training on principles of self-determination; documented 1st yr						
Contractor's Qualifications: p3 H-Staff have passed annual BCI Checks						
Back-up plan for payment processing p8						
System to prevent overpayments p8						
Ensure timesheets are approved prior to payments and are for current employees p8						
Maintain current client and employee files on site of Utah business location p9						
Direct Service Requirements						
1) Signed Form 2678-Employer Appointment of Agent p4						
2) Completed employer documentation to include I-9, W-4, BCI (by 30 day or hold payments), timesheets & comments p4						
3) Withhold & deposit all taxes qtrly p5						
4) Customer service system (800# language, TTY, FAX & messages) p5						
5) Electronic database; to produce payroll spending summary reports by client p6						
6) Offer Training to persons, their families, and legal representatives p8						
Required Reports p6-8						
1) Client Monthly & YTD payments summary						
2) Client Spending Summary Report; remaining funds available by svc & in total						
3) Client Spending Detail Report; monthly at check-level detail by service						
4) Regional Support Coordinator Provider Case Load Summary; monthly spending history by client & service; estimate of remaining allocation (like stripe rpt)						
5) DSPD Mgt-Qtrly & YTD Spending Detail by Client						
6) DSPD Mgt-Qtrly & YTD Spending Detail by Employee						
7) DSPD Mgt-Monthly Current Employee List						
8) DSPD Mgt-copy of Qtrly tax submission reports						

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General Requirements & Performance Measures & Client Outcomes						
Component	Compliance? (Yes / No / N/A)					
Part II General Requirments	Yes	No	N/A		Comments	
9) DSPD Mgt-Annual electronic copy of each employees IRS W-2 and W-3 forms by 3/31						
Part III Performance Measures & Client Outcomes						
1) Each individual will have all tax forms, time records & employment documents prior to paychecks						
2) Quality Mgt System; ensure Person-centered Assistance, timesheet system, payroll request system, reporting, training, record keeping per contract						
3) Copy of IBWS for funds control						
4) Monitor notice to Support Coordinator of potential funds shortage & cutoff of budget						
5) Contractor funding is adequate to support bi-monthly payrolls & maintains annual BCI on own staff.						
6) Client Satisfaction Survey					DSPD will include in next SAS survey	
Current Review Results:						
DSPD Issues:						
Previous Review & Results:						